

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SCROLL NO.

FILING DATE

10580141

APPLICATION

CLAIMS

	AS FILED		AFTER AMENDMENT		AFTER AMENDMENT			AS FILED		AFTER AMENDMENT		AFTER AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2							52						
3			1				53						
4							54						
5							55						
6							56						
7							57						
8		1					58						
9							59						
10							60						
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13							63						
14							64						
15							65						
16			1				66						
17							67						
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43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL REQ.	13												
TOTAL DEP.	25												
TOTAL CLAIMS	48												